

RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

May 2023

SD Secretary of State

1. TITLE OF NEWSPAPER Mobridge Tribune		2. DATE 9/21/2023
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 52
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 1413 E Grand Crossing, Mobridge, Walworth, SD 57601		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 1413 E Grand Crossing, Mobridge SD, 57601		
6. FULL NAME OF PUBLISHER: Kelsey Majeske		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME Joseph Mullen		COMPLETE MAILING ADDRESS 75 N Main St Buffalo, WY 82834
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) First Northern Bank of WY		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		2603 2434
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.		750 600
2. Mail Subscription (Paid and or requested)		1350 1327
3. Paid Electronic Copies		403 434
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		2503. 2361
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		34 32
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		10 10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		2547 2403
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		26 31
2. Return from News Agents		30 0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		2603 2434

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Kelsey Majeske
(Signature)

Publisher
(Title)

State of South Dakota)

Sworn to before me this 21 day of September, 20 23

County of Walworth)

Arden Pahl
Notary Public

(Seal)

My commission expires: 8-1-25

ARDEN PAHL
Notary Public
South Dakota